

COLORADO DIVISION OF HOUSING

(On-Site or Self-Certification)

SECTION 8 RENTAL ASSISTANCE PROGRAM ADMINISTRATIVE REVIEW

Housing Agency Name: _____ Location: _____

Agency Executive Director: _____

Agency Section 8 Staff: _____

Review completed by: _____ Date: _____

Name and address of chairperson of the housing agency board:

of Vouchers: _____

of FSS: _____

Type of Monitoring: _____

1. STATUS OF PREVIOUS MANAGEMENT REVIEWS

Are there any outstanding management review findings? Yes _____ No _____

If yes, explain: _____

Highlights of Previous DOH Reviews and Recommendations: _____

Date of Previous DOH Review: _____

2. WAITING LIST MAINTENANCE

In what order are families placed on the waiting list? _____

Is your waiting list open or closed? _____

How many families are on your waiting list? _____

What is the average wait to receive assistance? _____

Do you maintain at least three years of waiting list records? _____

Please show me these records.

Notes: _____

When was your waiting list last purged and how was it done? _____

DOH Recommendations: _____

3. SELECTION FROM THE WAITING LIST (SEMAP)

Does your waiting list include information on:

_____ Funding number	_____ Date issued	_____ Reason ineligible
_____ No response	_____ Never Leased	_____ Date ineligible

When a family reaches the top of the waiting list, how do you document that the family has been contacted for an initial appointment with the housing agency? _____

4. ELIGIBILITY

Which of the following selection criteria are used to determine a family's eligibility?

_____ Income _____ Criminal status _____ Preferences _____ Other

What is your annual turnover rate? _____

(Divide the # new participants _____ by the # of slots allocated to your agency _____)

How are you tracking that 85 percent of the new admissions' annual income is equal to or less than 30 percent of the annual median income level? _____

5. BRIEFING

When a family is selected to participate in the program, how are briefings conducted?

What documents are used? _____

Who briefs the landlord about the Section 8 program? _____

What do the briefings consist of? _____

When a new landlord joins the program, how do you explain the DOH payment process? (Initial payment timing, late July payment due to fiscal year close, and no late fee payments?) _____

6. REASONABLE RENT (SEMAP)

What type of market analysis is conducted to determine reasonable rents for units in your community? _____

How often is the market analysis updated? _____

How is rent reasonableness determined at initial leasing, when an owner requests a rent increase, and/or when there is a 5 percent decrease in the FMR? _____

7. DETERMINATION OF ADJUSTED INCOME (SEMAP)

What is the definition of third party verification? _____

What is the most common way your agency verifies a family's income? _____

What adjusts annual income? _____

8. UTILITY ALLOWANCE SCHEDULE (SEMAP)

Please show/attach the current utility allowance schedule. Effective Date: _____

When is the utility allowance schedule used? _____

How is the utility allowance determined? _____

Do you contact the DOH when utility expenses change by 10 percent or more? _____

9. HQS/FILE REVIEW QUALITY CONTROL INSPECTIONS (SEMAP)

Does anyone in your office do a 5 percent HQS review of the DOH Section 8 slots? _____

If so, please describe: _____

10. HQS ENFORCEMENT (SEMAP)

When a unit fails an HQS Inspection, what is the procedure to notify the landlord and/or the family? _____

How much time is given to the landlord and/or tenant to fix HQS violations for:

Life threatening deficiency: _____

Other HQS deficiencies: _____

How is HQS compliance ensured? _____

There are Lead Based Paint Requirements for landlords. How have you ensured that your agency is in compliance with these regulations? _____

If a landlord discloses that there is lead in the unit, what are your next steps? _____

DOH Recommendations: _____

11. EXPANDING HOUSING OPPORTUNITIES (SEMAP)

Do you maintain a list of landlords willing to participate in the Section 8 Program? _____

Do you have a list of apartment projects in your jurisdiction subsidized under other government programs? _____

What type of marketing does your agency provide for landlords and property managers? _____

DOH Recommendations: _____

12. FMR LIMIT AND PAYMENT STANDARDS (SEMAP)

What process is in place to ensure that contract rent and tenant paid utilities are equal to or less than the FMR? _____

When is a new FMR or Payment Standard used? _____

List the current payment standard you are using for:

1 BDR _____, 2 BDR _____, 3 BDR _____, 4 BDR _____

13. ANNUAL REEXAMINATIONS (SEMAP)

How does your agency ensure that income and family composition reexaminations occur at least every 12 months? _____

When you complete an annual certification, does your agency refer to the previous certification to make sure that there are no inconsistencies in what the family is reporting? _____

14. CORRECT TENANT RENT CALCULATIONS (SEMAP)

How is the family's rent to owner calculated? _____

What controls does your agency use to assure that no owner is receiving a double subsidy? _____

15. PRE-CONTRACT HQS INSPECTIONS (SEMAP)

Do you ever grant conditional approval of units? _____

Under what circumstances? _____

16. ANNUAL HQS INSPECTIONS (SEMAP)

What method is used to ensure that HQS inspections are completed within a 12-month period? _____

Who completes the annual HQS inspections? _____

17. LEASE-UP (SEMAP)

What is your lease rate? _____

(Divide the # of units under contract ____ by the # of units allocated to agency ____)

Please provide a copy of the most recent lease status report.

If the lease rate is less than 95% or more than 12%, how will you correct the situation?

DOH Recommendations: _____

18. FAMILY SELF SUFFICIENCY (FSS) (SEMAP)

When and how does your agency inform the participant about the FSS program?

Do you feel the FSS briefing is successful? _____

19. EQUAL HOUSING

Is your program is serving all populations in your county(ies)? Yes ____ No ____

If no, why not? _____

Does your marketing reach most potential clients? _____

Are there any groups in your community that are not being adequately served by the Section 8 program? _____

If not, are you planning on making any changes to your advertising tactics and what will they be? _____

DOH Recommendations: _____

20. FAIR HOUSING

How do you notify the public when you open or close your waiting list? _____

Does your notification process reach all of your potential clients? _____

What other marketing strategies do you use (radio, posters, advertisements)? _____

How do you assist participants in locating suitable housing? _____

21. 504 REQUIREMENTS

Describe any additional steps you may take to serve a handicapped/disabled family:

Does your facility allow access for handicapped/disabled persons? Including wheel chairs, walkers, seeing-eye dogs etc.? _____

Are you able to communicate with deaf persons via the phone? (TDD system in place?) _____

DOH Recommendations: _____

22. TERMINATION

If you find that a family has not reported all of their income, and they are not qualified to receive rental assistance, how do you go about terminating them from the program?

Who does your agency most often utilize as a hearing officer? _____

What procedures do you follow when you require a family to sign a repayment agreement? _____

If a family misses two consecutive payments on the repayment agreement, what action do you take? _____

Explain how you handle damage claims: _____

DOH Recommendations: _____

What is your agency's procedure to assure the confidentiality of information it receives from applicants, residents, and Section 8 participants? _____

Does anybody other than the Section 8 coordinator review your Section 8 files for the following, and if yes, please describe the process.

Eligibility Determination

DOH Recommendations: _____

(Attach extra pages if necessary)

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**SELF-CERTIFICATION FOR OFF-SITE REVIEW
FOR THE SECTION 8 RENTAL PROGRAM**

I, _____, hereby certify on behalf of
Director's Name
_____, that all of the information
Agency Name
provided above is true and correct to the best of my knowledge.

Director Signature Date

State of Colorado

SS.

County of _____
The foregoing instrument was acknowledged before

me on _____ (date)

Witness My Hand and Seal

by _____ (director) of the

_____ (agency)

_____ Date Commission Expires